



## PATIENT

Goldie Hoyt

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

8 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Mack

## HOSPITAL NAME

Northside Veterinary  
Clinic

## REFERRING VET

Dr. Mack

## INVOICE

13009

## DATE

01/08/2026

## PRESENTING CLINICAL SIGNS

Chronic watery diarrhea.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 3.8 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver & Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact mildly thickened wall with overall maintained wall layer ratio. The small intestine wall measured 0.29 cm wall width. The ileocolic wall measured 0.47 cm wall width.

The colon presented with mildly thickened wall. The colon exhibited generalized mild distention with soft to nonformed fecal matter.

### *Pancreas*



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The left pancreas presented normal in size with symmetrical contour and mild nonhomogenous remodeled parenchyma with mildly prominent pancreatic duct.

**Free Abdomen**

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Enterocolonopathy exhibiting intact thickened small intestine/colon wall with soft to nonformed fecal matter.
- Probably chronic pancreatitis.

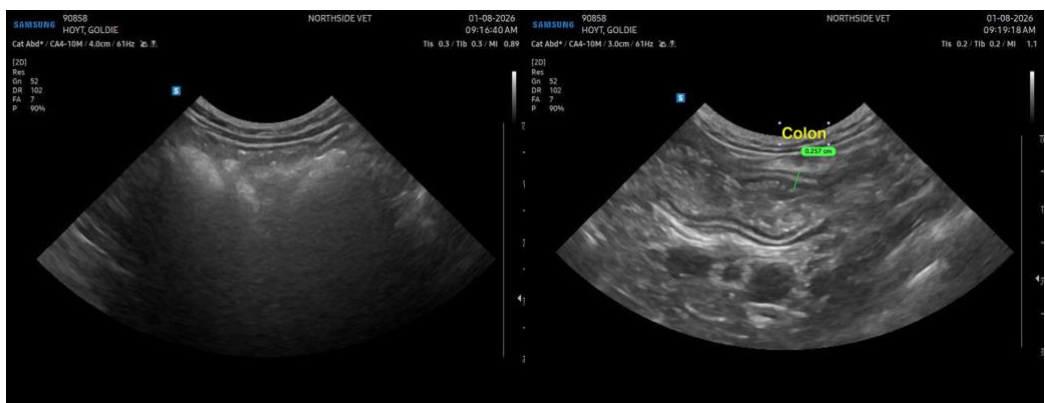
**Secondary Findings**

- Bilateral mild interstitial nephrosis renal pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the small intestine and colon may include inflammatory, infectious disease with potential for emerging to enterocolic neoplasia, i.e. lymphoma thought less likely.

A GI panel to include PLI, TLI, cobalamin and folate in combination with diarrhea PCR panel is recommended. Dietary trial which may include hydrolyzed diet with fiber supplementation or higher fiber diet, high colony count probiotics such as Provable, cobalamin supplementation pending assessment of cobalamin level and if clinically indicated, empirical deworming despite or pending fecal testing may prove beneficial. Sonographic monitoring, pending additional diagnostics and supportive care is recommended. Urinalysis is suggested if not recently done.





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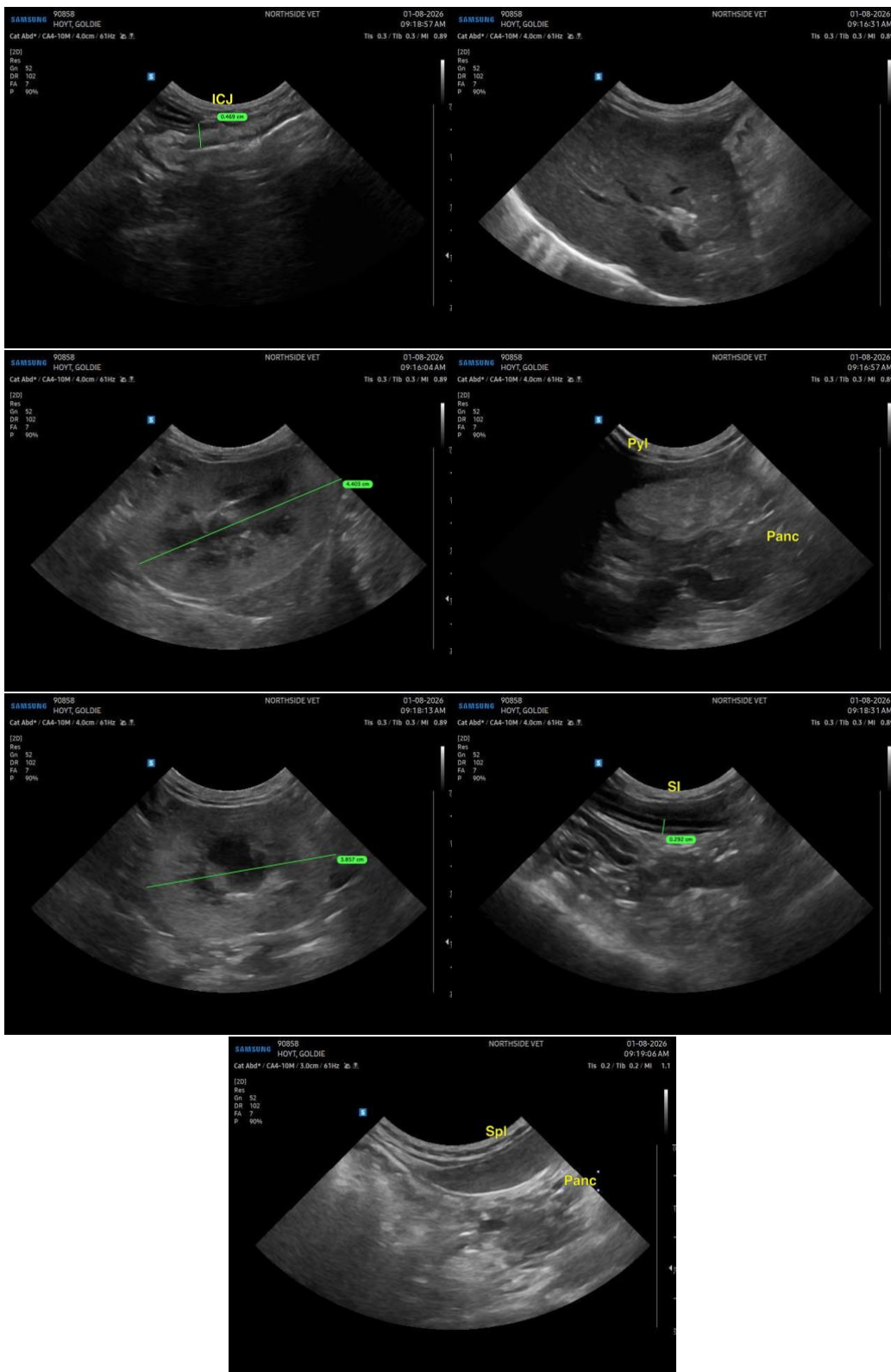
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)